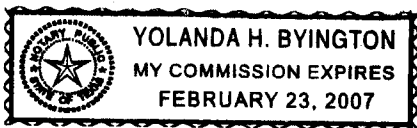
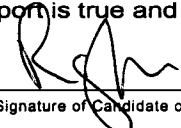
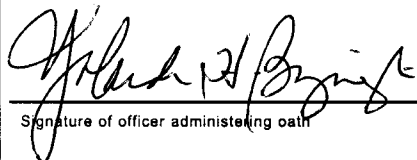
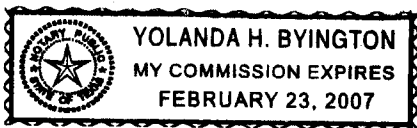
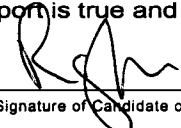
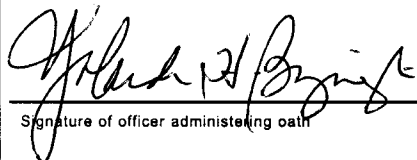
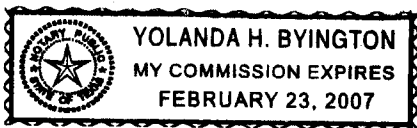
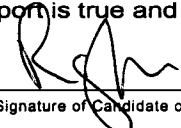
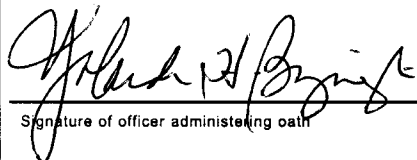


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

2004 JAN 30 PM 2:01

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <span style="float: right; font-size: 1.5em;">2</span>												
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS/MRS/MR <span style="font-size: 1.5em;">mr</span></td> <td style="width: 33%;">FIRST <span style="font-size: 1.5em;">Roger</span></td> <td style="width: 33%;">MI <span style="font-size: 1.5em;">O</span></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <span style="font-size: 1.5em;">Flores</span></td> <td>SUFFIX</td> </tr> </table>	MS/MRS/MR <span style="font-size: 1.5em;">mr</span>	FIRST <span style="font-size: 1.5em;">Roger</span>	MI <span style="font-size: 1.5em;">O</span>	NICKNAME	LAST <span style="font-size: 1.5em;">Flores</span>	SUFFIX						
MS/MRS/MR <span style="font-size: 1.5em;">mr</span>	FIRST <span style="font-size: 1.5em;">Roger</span>	MI <span style="font-size: 1.5em;">O</span>											
NICKNAME	LAST <span style="font-size: 1.5em;">Flores</span>	SUFFIX											
<b>4</b> ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit												
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<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report												
<b>5</b> ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 50%;">Month Day Year <span style="font-size: 1.5em;">7 / 01 / 03</span></td> <td style="width: 10%; text-align: center;">THROUGH</td> <td style="width: 40%;">Month Day Year <span style="font-size: 1.5em;">12 / 31 / 03</span></td> </tr> </table>	Month Day Year <span style="font-size: 1.5em;">7 / 01 / 03</span>	THROUGH	Month Day Year <span style="font-size: 1.5em;">12 / 31 / 03</span>									
Month Day Year <span style="font-size: 1.5em;">7 / 01 / 03</span>	THROUGH	Month Day Year <span style="font-size: 1.5em;">12 / 31 / 03</span>											
<b>6</b> EXPLANATION OF CORRECTION	<p style="font-size: 1.2em;">Included checks were misplaced and never deposited. Since checks were received prior to December 31, 2003 They must be added to this report.</p>												
<b>7</b> AFFIDAVIT													
<table style="width: 100%;"> <tr> <td style="width: 40%;">  </td> <td style="width: 60%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p style="text-align: center;"> _____ Signature of Candidate or Officeholder</p> </td> </tr> <tr> <td colspan="2"> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </td> </tr> <tr> <td colspan="2"> <p>Sworn to and subscribed before me by <u>Roger Flores</u> this the <u>20th</u> day of <u>January</u>, 20<u>4</u>.</p> <p>to certify which, witness my hand and seal of office.</p> </td> </tr> <tr> <td style="width: 30%;">  _____ Signature of officer administering oath         </td> <td style="width: 40%;"> <p><u>YOLANDA H. Byington</u> _____ Printed name of officer administering oath</p> </td> <td style="width: 30%;"> <p><u>Notary</u> _____ Title of officer administering oath</p> </td> </tr> </table>			<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p style="text-align: center;"> _____ Signature of Candidate or Officeholder</p>	<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		<p>Sworn to and subscribed before me by <u>Roger Flores</u> this the <u>20th</u> day of <u>January</u>, 20<u>4</u>.</p> <p>to certify which, witness my hand and seal of office.</p>		 _____ Signature of officer administering oath	<p><u>YOLANDA H. Byington</u> _____ Printed name of officer administering oath</p>	<p><u>Notary</u> _____ Title of officer administering oath</p>			
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<b>Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections</b>													



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2004 JAN 30 PM 2:01

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

Total pages filed:

32

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>ROGER</u>	MI <u>O</u>
	NICKNAME	LAST <u>Flores</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>P.O. Box 2233</u>	APT / SUITE #: <u>78298-</u>	CITY: <u>2233</u>
	STATE: <u>TEXAS</u> ZIP CODE: <u>78216</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(210)</u>	PHONE NUMBER <u>340-8444</u>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>JANINE</u>	MI <u>P.</u>
	NICKNAME	LAST <u>Flores</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>306 VEDA Mac, San Antonio, Tx</u>	APT / SUITE #: <u>78216</u>	CITY: <u>78216</u>
	STATE: <u>TEXAS</u> ZIP CODE: <u>78216</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(210)</u>	PHONE NUMBER <u>240-3777</u>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <u>7</u> Day <u>01</u> Year <u>03</u>	THROUGH	Month <u>12</u> Day <u>31</u> Year <u>03</u>
11 ELECTION	ELECTION DATE Month <u>1</u> Day <u>1</u> Year <u>03</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): <u>City Councilman Dist 1</u>		
	13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

### 17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

## COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

### 18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

22,708.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

14,124.64

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

### 19 AFFIDAVIT



YOLANDA H. BYINGTON  
MY COMMISSION EXPIRES  
FEBRUARY 23, 2007

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roger Flores, this the 20th day of January, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2004 JAN 30 PM 2:01

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 20	
2 FILER NAME <b>Roger O Flores</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/17/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>J. Anthony Guagardo</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>712 Labor St San Antonio TX 78210</b>			
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions)	
Date <b>10/22/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Bobby Perez</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>PO Box 5344 San Antonio TX 78201</b>			
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>10/27/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Rolando H Briones Jr</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>8118 Broadway Suite 100 San Antonio TX 78209</b>			
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)	
Date <b>11/24/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Henry R Munoz</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>235 W Kings Hwy San Antonio TX 78212</b>			
Principal occupation / Job title (See Instructions) <b>Arch. Design</b>		Employer (See Instructions)	
Date <b>12/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Rolando H Briones Jr</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>8118 Broadway Suite 100 San Antonio TX 78209</b>			
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.